

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): **Edward Meagher** Examiner: **Gloria R. Weeks**
Serial No.: **10/556,125** Group: **Art Unit 3721**
Confirmation No.: **4353**
Filed: **November 9, 2005** Dated: **March 26, 2008**
For: **ANASTOMOTIC STAPLE WITH CAPILLARY WHICH
EXPELS A BONDING AGENT UPON DEFORMATION**

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE OR RATE FEE	ADDIT. FEE
TOTAL	8*	MINUS 20 **	=	X 25 \$	X 50 \$ 0
INDEP.	2*	MINUS 3**	=	X 105 \$	X 210 \$ 0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 185 \$	X 370 \$ 0
				TOTAL <u>ADDIT. FEE</u> \$ <u>-0-</u>	OR TOTAL \$ 0

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge Deposit Account No. 21-0550 in the amount of \$.

Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor.

Respectfully submitted,


Edward C. Meagher
Reg. No. 41,189
Attorney for Applicant(s)

Carter, DeLuca, Farrell & Schmidt, LLP

445 Broad Hollow Road
Suite 225
Melville, New York 11747
Tel.: (631) 501-5700
Fax: (631) 501-3526

Correspondence address:

COVIEN
60 Middletown Avenue
North Haven, CT 06473
203-492-2000

ECM/gm